

District I
1625 N. French Dr., Hobbs, NM 87240

District II
811 South First, Artesia, NM 87210

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

WELL API NO.	30-041-10005
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. OG174	
7. Lease Name or Unit Agreement Name Todd Lower San Andres Unit	
8. Well No.	12
9. Pool name or Wildcat Todd Lwr San Andres Assoc	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
Oil Well ☐ Gas Well ☐ Other WIW ☐

2. Name of Operator SAGA PETROLEUM LLC

3. Address of Operator 415 W WALL, SUITE 1900
MIDLAND, TX 79701

4. Well Location
Unit Letter L 1980 feet from the S line and 609 feet from the E line
Section 31 Township 7S Range 36E NMPM County Roosevelt

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: MIT-TA <input checked="" type="checkbox"/>

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work). SEE RULE 1103. For Multiple Completions: Attach diagram of proposed completion or recompletion.

8-30-2001 Press up to 550 psi - held for 30+ mins ok.

Chart copy attached - original chart mailed to OCD 9-17-01

This Approval of Temporary
Abandonment Expires

CORRECTED

8/30/06
8/19/07

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Bonnie Husband TITLE Production Analyst DATE 08/15/2002

Type or print name Bonnie Husband Telephone No. (915)684-4293

(This space for State use)

APPROVED BY _____ ORIGINAL SIGNED BY _____ DATE AUG 20 2002

Conditions of approval, if any: _____ TITLE _____
OC FIELD REPRESENTATIVE / STATE MANAGER

